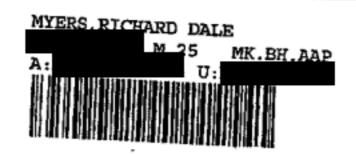


1325 S. Cliff Avé. P.O. Box 5045 Sioux Fails, SD 57117-5045 605-322-8000





Indicate Color & Type of Clothing Articles.

Itransfer initial in (T=Transfer) Section and upon returning to patient initial in (P=Peturn) (

	Upon transfer; initial in (T=Transfer) Sect	tion a	and u	pon	returning to patient, initial in (R=Return) Section	1.	
Tops				Undershirts			
L	Description	Ţ.	R		Description	T	R
1	White long sleere shirt			1			
2				2			
3	-			3			
4						-	
5					Bra	T	R
Pants				Total #:			
	Description	Т	R				
1	grey sweat parts				Socks	Т	R
2				Total #:			
3	,						
4					Underwear	Т	R
5				Tota	#: 10		
. Sweatshirt							
Description		Т	R				
1							
2		\top	\exists				-
Discl	harge: All items returned on discharge. Check all	box	es th	at ap	ply.		
□ Bags/Suitcases □ Medications □ Shoes □ Oxygen							
☐ Grey Security Bag ☐ Coat ☐ Clear Security Bag ☐ Walker			□ Textbooks				
-					Computer (CHP/ADP)		
Acknowledgment that all items were given to the patient on discharge:							
ime: 1318 Date: 1/5/19 Patient Signature: 200							
ime: 1318 Date: 1/15/19 Staff Signature:							
m 6142.07 /Pey 10/13)							

Form 6142-07 (Rev. 10/13)

Belongings Inventory List

Page 2 of 2